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Days of our lives: time use and
transitions over the life course

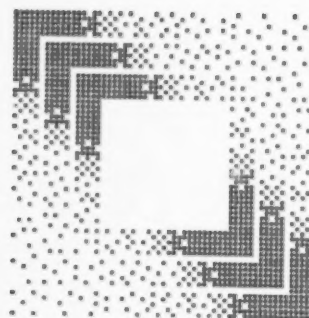
Living longer, living better

1998

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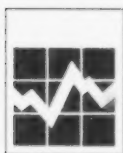
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Statistics Canada
Housing, Family and Social Statistics Division

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.	not available for any reference period
..	not available for a specific reference period
...	not applicable
0	true zero or a value rounded to zero
0 ^s	value rounded to 0 (zero) where there is a meaningful distinction between true zero and the value that was rounded
P	preliminary
r	revised
x	suppressed to meet the confidentiality requirements of the <i>Statistics Act</i>
E	use with caution
F	too unreliable to be published

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Living longer, living better¹

*"For age is opportunity no less
Than youth itself, tho' in another dress
And as the evening twilight fades away
The sky is filled with stars, invisible by day."*

—Henry Wadsworth Longfellow, *"Morituri Salutamus"*

According to one school of thought, continued physical, social, mental and economic engagement is critical to maintaining well-being in later life (Rowe and Kahn 1998). At the other extreme, healthy aging is said to require disengagement from many of the mid-life roles (Johnson and Barer 1992). The competing theories about what constitutes healthy or successful aging are presented in greater detail in the paper in this series titled "The transition to retirement: when every day is Saturday" (Fast and Frederick 2004b). In that paper it was reported that retirees under the age of 69 did not fit the model of the disengaged older person. However, the case also was made that the transition to retirement is happening at a younger age for many Canadians and that later life is now an extended period that encompasses several additional life transitions. Perhaps, then, the model of the disengaged older person better fits the "older-old"?

It was a decade ago that Johnson and Barer last suggested that disengagement from social roles and interactions was necessary and beneficial for older adults, while contemporary gerontologists have shifted to a theory of successful aging (Rowe and Kahn 1998; Perls and Silver 1999; Crose 1997). However, the disengagement model may have merit for a limited segment of older adults. More specifically, Johnson and Barer (1992) argue that letting go of some roles allows the oldest and most disabled to narrow and simplify their social environment so as to make it more manageable. They suggest that disengagement reduces the stress of conflict with, and worries about, others. Their empirical findings support their hypotheses that those with decreased functionality selectively modify their social networks, pace their activities, and establish routines so as to simplify their lives. They further found that, while the socially engaged are more content with their lives, those who are less socially involved are neither lonely nor bored.

Which representation is typical, and the implications for the quality of life, of older Canadians remain empirical questions. We attempt to address these questions in this article by exploring the lifestyle and attitudes of older adults as they move through the transitions associated with increased age.

1. The General Social Survey (GSS) samples respondents in the non-institutionalized population; therefore, the respondents covered in this article comprise community-dwelling adults aged 65 and over.

Data and methods

This series of articles explores the effect of life course transitions on time use and quality of life. In order to examine the effect of a life transition, the study population for each article was divided into two distinct groups: those who had experienced the transition being studied (post-transition group), and those who had not (pre-transition group). In the absence of longitudinal data, there is no way of knowing whether those who had not experienced a particular life course transition ever will experience it.

This study uses data from Statistics Canada's 1998 General Social Survey (GSS) on time use.¹ This was Canada's third national time use survey.² The target population for the 1998 GSS was people aged 15 and over residing in Canada, excluding residents of the territories and full-time residents of institutions. The sample was selected using the elimination of non-working banks technique of random digit dialing.³ Respondents in the sample were assigned a day of the week or "designated day", and were asked to describe chronologically what they did on the day following the designated day. Trained interviewers then coded activities into a detailed classification system. The survey was conducted using computer assisted telephone interviewing from February 1998 to January 1999 and an attempt was made to obtain an interview with one randomly selected person from each household. The final response rate was 78%, yielding a total of 10,749 respondents with usable time use diary information.

The day is divided into four main activities: paid work, unpaid work, self-care and leisure.⁴ The average time spent per day on each activity is estimated over a seven-day week, and these means and other descriptive statistics are based on weighted data. Differences reported in the analysis are significant at the <0.05 level, unless otherwise specified.

1. The GSS is an ongoing annual survey program designed to monitor changes in the living conditions and well-being of Canadians over time, and to fill data gaps by providing information on social policy issues of current or emerging interest. Each year, the nationally representative survey focuses on a different core topic, time use being one of five core areas.

2. The other surveys took place in 1986 and 1992.

3. Statistics Canada estimates that less than 2% of the target population of households do not have a telephone. Survey estimates were adjusted to account for people without telephones.

4. See Appendix A for detailed activity codes.

It was demonstrated in the overview paper in this series "The time of our lives: Juggling work and leisure over the life cycle" (Fast and Frederick 2004a) that living arrangements are an important indicator of time spent over the life course on the four aggregate activity categories: unpaid work; paid work; recreation and leisure; and personal care. However, the findings in the overview paper raise several questions that require a more in-depth examination of the transitions occurring during this oldest life course stage. In this paper, respondents aged 65² and over were divided into the three groups which proxy the transitions associated with widowhood and loss of independence. In addition to living arrangements, health and financial status appear to be key influences on the pattern of daily living among older adults. We examine the reallocation of daily activities and change in attitudes of Canadians that occur with the passages associated with living longer, the transitions in living arrangements resulting from widowhood and changes in economic and health status.

As indicated in the paper in this series on retirement (Fast and Frederick 2004b), early research on how people use their time often excluded older adults. More recently those over 65 have been included, but not all have included the "older seniors" (Lawton 1999). Even fewer have examined young-old and old-old cohorts

2. Note: The overview paper defines seniors as those aged 70 years and older to avoid double counting of respondents in the transitional groups. In this article we have defined seniors as those aged 65 years and older to increase the sample size required for more in-depth analysis of the various senior cohorts.

separately, rather treating respondents over age 65 as a homogeneous group. Moreover, the little existing research on older people's time use frequently focused on the negative implications of aging for activity.

An exception may be found in some of the more recent literature on the volunteer work of older adults. Jones (1999), for example, distinguishes between younger (under age 75) and older (75 and over) adults, reporting that younger seniors volunteer in the same proportions as those under age 55 and that only those aged 75 and over are less likely to volunteer. He reports, too, that average hours volunteered increased with age until age 75.

The sample population

According to the 2001 Census, there were about 4 million older adults aged 65 and over, or about 1 in 7 Canadians. Most older adults (93.1%) lived in the community and had a variety of living arrangements: with a spouse, alone or with someone other than a spouse. Community-dwelling older adults who lived with someone other than a spouse include those who lived with other family members (usually married or single children) or in a seniors' residence.³ Few older adults (6.9%) lived in a government-sponsored institution. Most adults in their later years who live in an institutional setting are cognitively impaired, e.g. suffering from Alzheimer's disease or another form of dementia.

For this paper, the three transitional groups of older adults selected include: those who were living with their spouse (with or without others); those who were widowed and living alone; and those who were living with someone other than a spouse.⁴ This selection excluded about 8% of the community-dwelling older population who did not fit into the transitional groups selected.⁵ We conducted all analyses on a sample of 1,642 older respondents. Because women are longer lived, our sample of older adults aged 65 and older comprised more women (57%) than men (43%).⁶ (Table 1)

Table 1
Population aged 65 and over, by group and sex

	Number			% within group 65 and over			% within sex		
	Women	Men	Total	Women	Men	Total	Women	Men	Total
Live with spouse	818,524	1,186,369	2,004,893	41	59	100	40	77	56
Widowed/alone	751,542	148,918	900,460	83	17	100	37	10	25
Live with others	276,136	89,485	365,621	76	24	100	14	6	10
Other seniors	176,528	125,747	302,275	58	42	100	9	8	8
Total	2,022,730	1,550,519	3,573,249	57	43	100	100	100	100

Source: Statistics Canada, General Social Survey, 1998.

As older women are more likely to outlive their husbands and are less likely to remarry than men,⁷ the years spent living alone after the loss of a spouse is primarily a female experience (women comprised 83% of

3. While the GSS excludes full-time residents of institutions (e.g. hospitals, prisons, etc.), a telephone survey using random digit dialing may include individuals in a retirement home if the interviewer confirms that the number reached was used as a home phone number. Retirement homes can provide a range of accommodation, from suites for independent living to a continuum of supportive residential care, e.g. assisted living for people with cognitive impairment, such as Alzheimer's disease, or for individuals with physical/medical challenges.

4. Once again, since we were working with cross-sectional data, we could only proxy the transitions of interest by comparing those who had not yet experienced them to those who had.

5. The 8% of older adults who were not included lived alone but were not widowed. Their status comprised divorced/separated (40%), never married (40%) and married (20%) respondents.

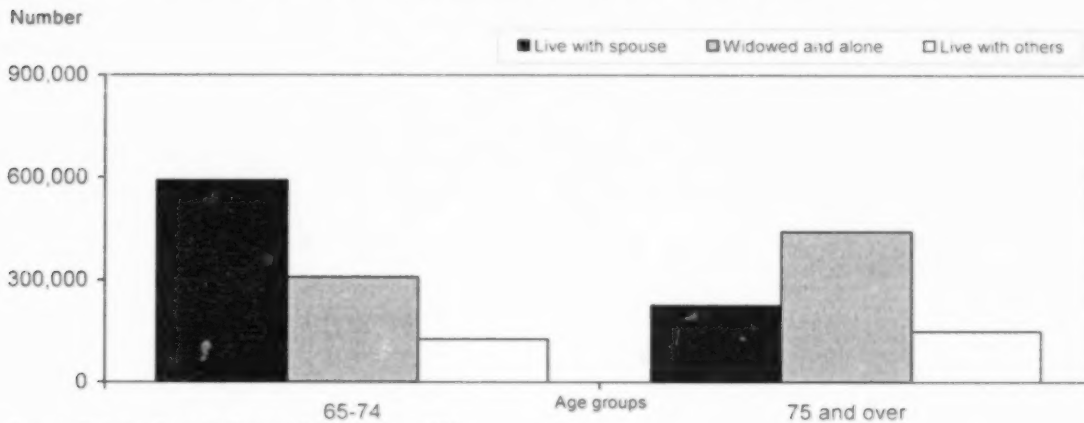
6. The gender gap increased with increasing age. The difference was less evident among younger seniors (<75 years old) (53% women versus 47% men) than among older seniors (75+ years old) (61% women versus 39% men).

7. Statistics Canada, 1999, p. 30.

widowed adults living alone). Less than half the older women (41%) lived with a partner compared with 77% of men. About 37% of older women were widowed and living alone compared with just 10% of older men. About 14% of older women and 6% of their male counterparts were not living alone but were living with someone other than a spouse.

Chart 1 illustrates the dramatic change in living arrangements between younger (under 75 years old) and older (75 years old and over) women. The proportion of widows increased from 30% of the young-old to more than 50% of the older-old.

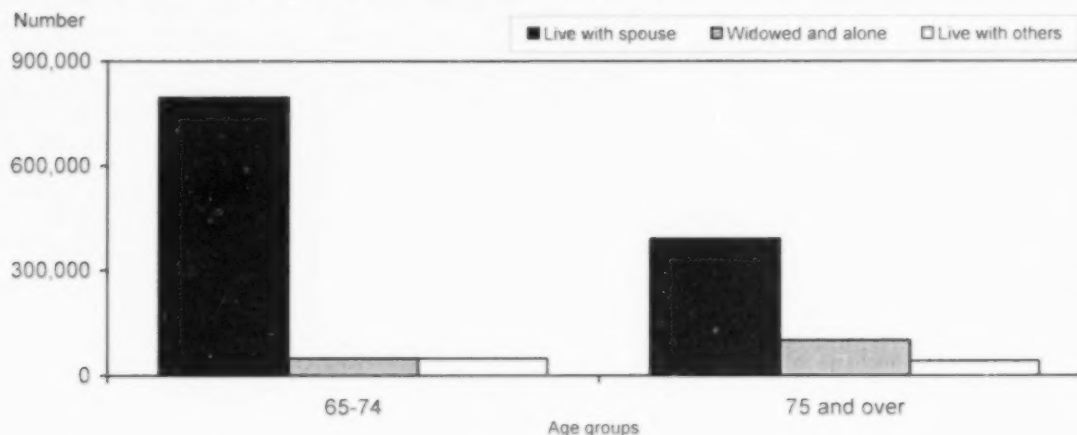
Chart 1
Living arrangements, by age group, women aged 65 to 74 and 75 and over



Source: Statistics Canada, General Social Survey, 1998.

In contrast, Chart 2 shows that a majority of both the young-old and older-old men lived with a spouse.

Chart 2
Living arrangements, by age group, men aged 65 to 74 and 75 and over



Source: Statistics Canada, General Social Survey, 1998.

As the charts also show, older adults typically lived independently, i.e. with a spouse or alone. Rowe and Kahn (1998) observe that "(o)lder people, like younger ones, want to be independent... few issues strike greater fear than the prospect of depending on others for the most basic needs".⁸

Nevertheless, a significant minority of older adults, primarily women, lived with someone other than a spouse. We do not know for certain why these older adults were not living independently. The GSS did not ask older respondents why they lived with others, e.g. if this living arrangement was a free choice or driven by necessity (due to health or financial problems, for example). Consequently, we only have indirect methods of assessing why these older adults no longer lived autonomously. Table 2 suggests that older women and men who lived with others were driven to do so by need, but for different reasons. The data imply it was likely financial problems that compelled women to live with others but that it was more likely physical problems for men.

On average, about 30% of older adults were very satisfied with their finances. While older adults who lived with others were less likely than others to be very satisfied with their financial situation, women living with others (14%) were much less likely to be very satisfied than their male counterparts (23%).

In contrast, the health measures of older men who lived with someone other than a spouse appeared to be more problematic than for other groups of older adults. These men were much more likely to be limited due to a long-term health problem and much less likely to report good to excellent health. As well, nearly 1/4 reported they were very dissatisfied with their health. Indeed, nearly 60% of these men reported a serious illness or injury in the last 12 months, compared to less than 25% of other older men.

8. Rowe and Kahn. 1998. p. 42.

Table 2
Measures of satisfaction with finances and health status, adults aged 65 and over

	Finances (very satisfied)	Limited due to long-term health problems or physical limitation	Health status (good to excellent)	Health (very dissatisfied)
	%			
Women				
Live with spouse	31	34	79	7
Widowed and alone	26	41	80	7
Live with others	14	39	82	9
Group total	26	37	80	7
Men				
Live with spouse	31	31	87	6
Widowed and alone	30	35	81	3
Live with others	23	75	61	24
Group total	31	34	85	6

Source: Statistics Canada, General Social Survey, 1998.

Most notably, although nearly 40% of older adults reported a long-term health problem, more than 80% reported they were in good to excellent health relative to their peers. Vaillant (1977) suggested that adaptation is vital for successful aging and longevity. It appears that most aging adults adopt strategies to compensate for their slowly declining physical capacity and do not succumb to their long-term health problems.

Income measures

Table 3 shows that Old Age Security (OAS) was the primary source of income for more than 50% of older women who lived with others. Other women were as likely to report pension income as the OAS as their main source of income.⁹ In contrast, pension or employment income was the primary source of income for older men (more than 80%). However, a higher proportion of men who lived with others (22%) reported the OAS as their main source of income. Respondents who reported private pension income (about 40%) as their main source of income were much more likely to be very satisfied with their finances than those who reported other types of funding (about 20%).

Table 3
Main source of income of adults 65 and over

Main source of income					
	Employment	CPP/QPP	Other pension	Old Age Security	Other
	%				
Women					
Adults 65 and over					
Live with spouse	4	15	38	40	3
Widowed and alone	2	20	35	39	4
Live with others	3	13	30	52	3
Group total	3	17	36	41	3
Men					
Adults 65 and over					
Live with spouse	11	16	54	11	7
Widowed and alone	4	16	67	8	5
Live with others	16	29	25	22	8
Group total	11	17	54	11	7

Source: Statistics Canada, General Social Survey, 1998.

Concomitantly, older women (64%) were much more likely than older men (19%) to report receiving less than \$15,000 a year in personal income. (Table 4) However, household income might be a more appropriate indication of disposable income, at least for older adults who are living with a spouse or partner.

9. This cohort of women was much less likely than their male counterparts or younger cohorts of women to have worked for pay. Consequently, at this stage in life, many fewer have pension income from previous employment to augment government subsidies. Pension benefits, like those from the Canada and Quebec Pension Plans (C/QPP) are more likely to be survivor benefits, which are much less (about 60%) than what the deceased spouse would have received.

Table 4
Personal income of adults 65 and over

	Personal income			
	<\$15,000	\$15,000 <\$30,000	\$30,000 <\$50,000	\$50,000 and over
	%			
Women				
Adults 65 and over				
Live with spouse	70	23	6	2
Widowed and alone	58	29	11	3
Live with others	65	17	18	0
Group total	64	24	9	0
Men				
Adults 65 and over				
Live with spouse	17	40	30	13
Widowed and alone	18	56	15	11
Live with others	53	5	33	10
Group total	19	39	29	13

Source: Statistics Canada, General Social Survey, 1998.

As Table 5 shows, when household income is considered, the proportion who received less than \$15,000 a year fell to about 5% of older adults who did not live alone. The proportion (58%) of widows living alone with an income under \$15,000 remained exceptionally high. This finding supports other studies that have shown that unattached women living alone are at greatest risk of living in a low-income situation.¹⁰ At the same time, older adults who live with someone other than a spouse are much less likely than wives and husbands to share in the discretionary household income. Based on personal income, older women who live with others may be even more likely than widows to have low incomes. Income, like health, affects how we spend our days. Access to leisure and cultural activities often requires an entrance fee.

10. Statistics Canada, 2000. *Women in Canada 2000* (Statistics Canada Catalogue no. 80-503-XPE), p. 138.

Table 5
Household income of adults 65 and over

	Household income			
	<\$15,000	\$15,000 <\$30,000	\$30,000 <\$50,000	\$50,000 and over
	%			
Women				
Adults 65 and over				
Live with spouse	4	39	36	21
Widowed and alone	58	29	11	3
Live with others	4	44	26	25
Group total	24	36	26	15
Men				
Adults 65 and over				
Live with spouse	6	37	34	23
Widowed and alone	18	56	15	11
Live with others	0	40	24	36
Group total	7	39	32	23

Source: Statistics Canada, General Social Survey, 1998.

Living arrangements

More than 75% of older women who lived with someone other than a spouse¹¹ in the community were living with family (usually a daughter or son) compared to 54% of men.¹² Older men (46%) who lived with others were more likely than women (23%) to have "other" living arrangements.¹³ Perhaps these frail men required more assistance with the tasks of daily living than their children could provide. Or, being in a better financial position than women, they may have had more options open to them. (Table 6)

11. The category "with others" includes seniors living in an extended family with other relatives, or with unrelated people. A parent living in the home of one of their children is included here.

12. This group of seniors was not restricted by marital status. However, more than 80% of respondents living with family were widowed. Less than 2% were single/never married.

13. Adults in "other" types of accommodation, e.g. a seniors' residence, were more likely to be single/never married (53%).

Table 6
Living arrangements of adults 65 and over

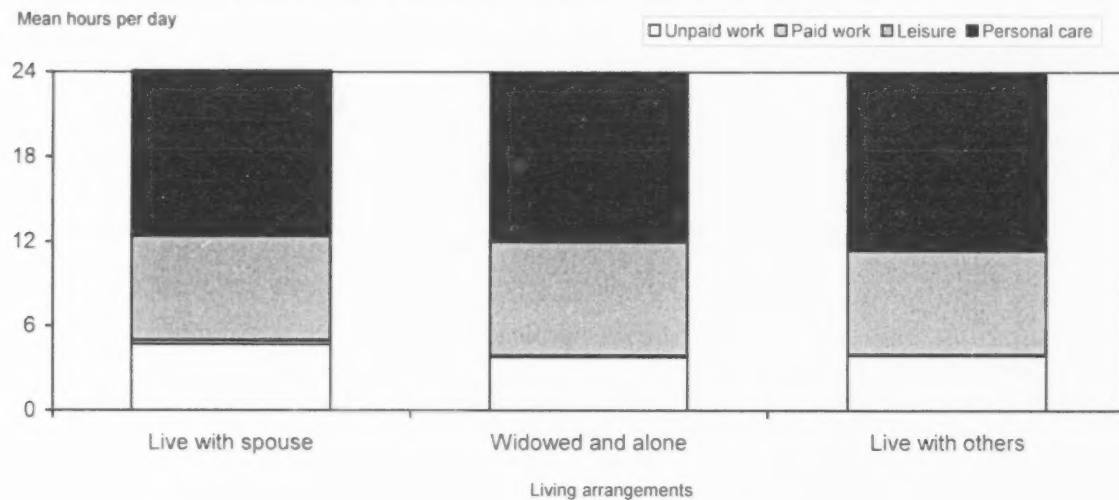
	Living arrangements				
	Alone	Spouse	Spouse and child	With family	Other
	%				
Women					
Adults 65 and over					
Live with spouse	0	87	13	0	0
Widowed and alone	100	0	0	0	0
Live with others	0	0	0	77	23
Group total	41	39	6	11	3
Men					
Adults 65 and over					
Live with spouse	0	86	14	0	0
Widowed and alone	100	0	0	0	0
Live with others	0	0	0	54	46
Group total	10	72	12	3	3

Source: Statistics Canada, General Social Survey, 1998.

A day in the life

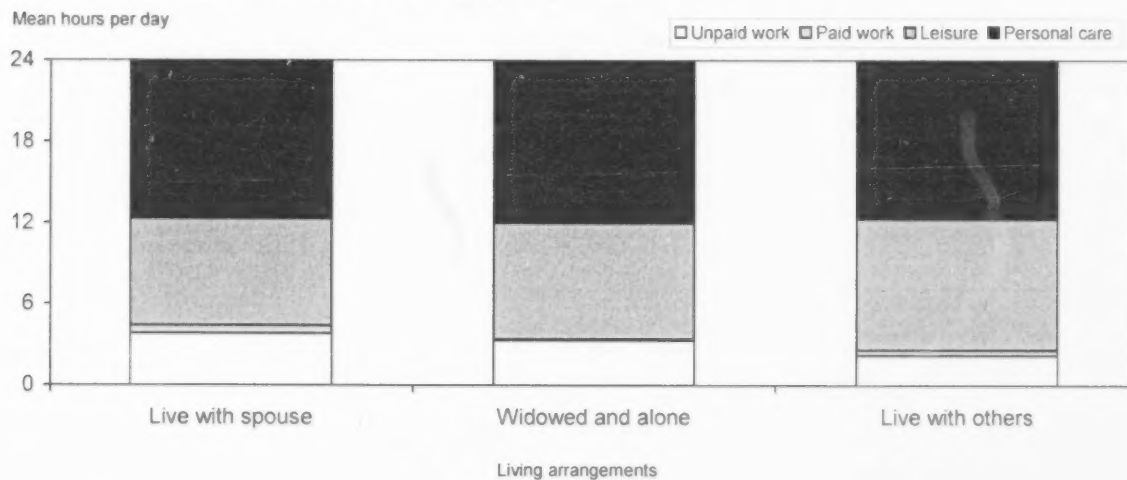
Unlike the family-and career-building life stages, recreation and leisure took up most of the waking hours of older adults. But, despite the stereotypes, they also spent a major portion of their waking hours doing household chores, shopping, taking care of family and friends and volunteering. As at other stages of the life course, personal care took up the largest portion of an individual's time in later life, regardless of living arrangements. (Charts 3 and 4)

Chart 3
Time spent on daily activities by women aged 65 and over



Source: Statistics Canada, General Social Survey, 1998.

Chart 4
Time spent on daily activities by men aged 65 and over



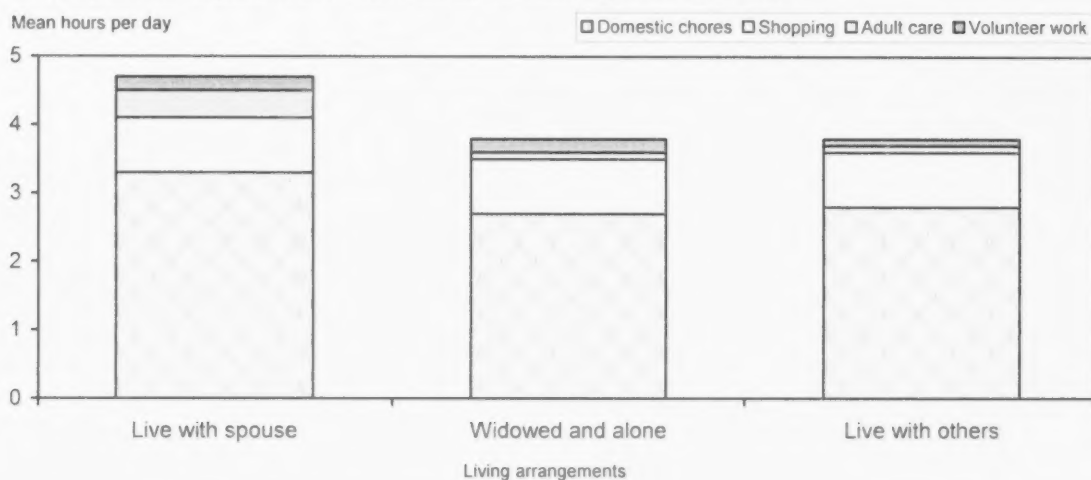
Source: Statistics Canada, General Social Survey, 1998.

Unpaid work

In order to maintain their independence, older adults need to be able to carry out the activities of daily living—preparing meals, cleaning the house, shopping, paying bills, making telephone calls, reading and writing. Because they may live in areas with no public transport (i.e. on a farm or in a small town) some may also need to be able to drive a car. If and when the ability to handle the normal activities of daily living deteriorates, older adults living with a spouse or partner are more likely to have someone in the household to provide assistance. Those who are widowed and living alone, on the other hand, are more likely to need outside help, whether formal or informal to remain living independently (Connidis 2001; Lindsay 1997). (Charts 5 and 6).

Chart 5

Time spent on unpaid work activities by women aged 65 and over



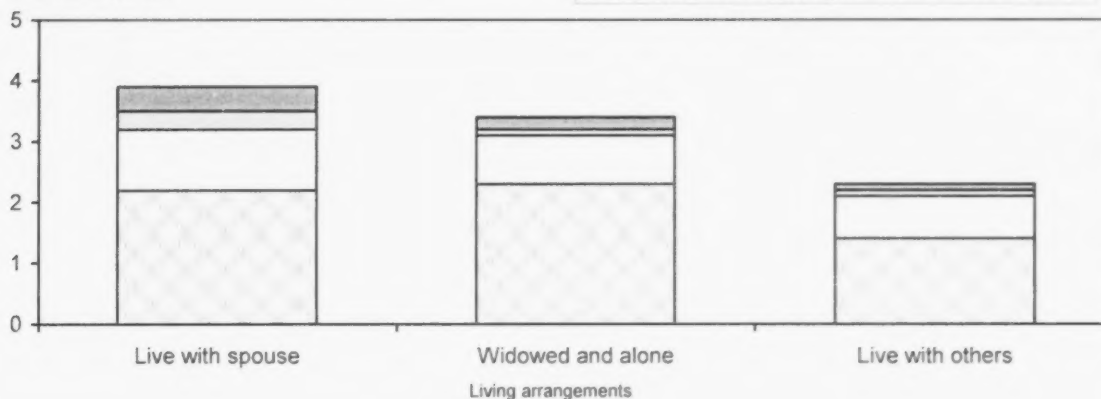
Source: Statistics Canada, General Social Survey, 1998.

Chart 6

Time spent on unpaid work activities by men aged 65 and over

Mean hours per day

Domestic chores Shopping Adult care Volunteer work



Source: Statistics Canada, General Social Survey, 1998.

Among older adults, wives spent the most time on unpaid work activities. Widows living alone spent about one hour per day less on unpaid work, as did women who lived with others. All older women spent about the same amount of time shopping for groceries and volunteering in the community, but wives spent more time on domestic chores and on adult care, most likely caring for a spouse.¹⁴

In contrast, the amount of time allocated to unpaid work by widowers and husbands was not significantly different, but men living with others spent significantly less time on unpaid work than widowers who lived alone (2.2 hours per day versus 3.3 hours per day). This seems consistent with the previous evidence that men who lived with others were less physically able than men living independently and had moved into accommodations where some assistance with the tasks of daily living was provided.¹⁵

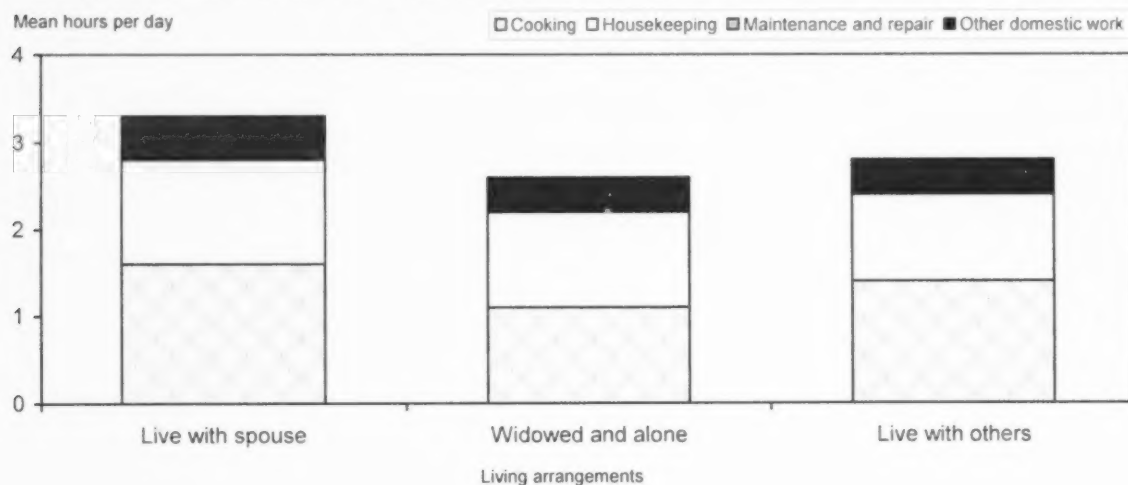
Domestic chores

Widows living alone spent less time cooking and cleaning up than wives. In contrast, the amount of time spent on domestic work by widowers was not significantly different from older husbands but the type of domestic work changed. Older adults living with a spouse or partner were more likely to live in a single-family home and more likely to own their dwelling. As can be seen in the overview paper (Fast and Frederick 2004a), homeowners invested more time maintaining and repairing their dwelling than did renters. It is not surprising then that husbands devoted more time to maintenance and repairs than widowers. Due to the change in living arrangements, widowers reallocated a similar amount of time to more traditionally "female" tasks, cooking and housekeeping.

14. Widowhood and loss of independence decreased the likelihood that seniors cared for other adults: more than 15% of married seniors did some adult care (18.5% of women averaging 2.2 hours per day and 15.6% of men averaging 1.6 hours per day) compared with a little over 6% of other seniors.

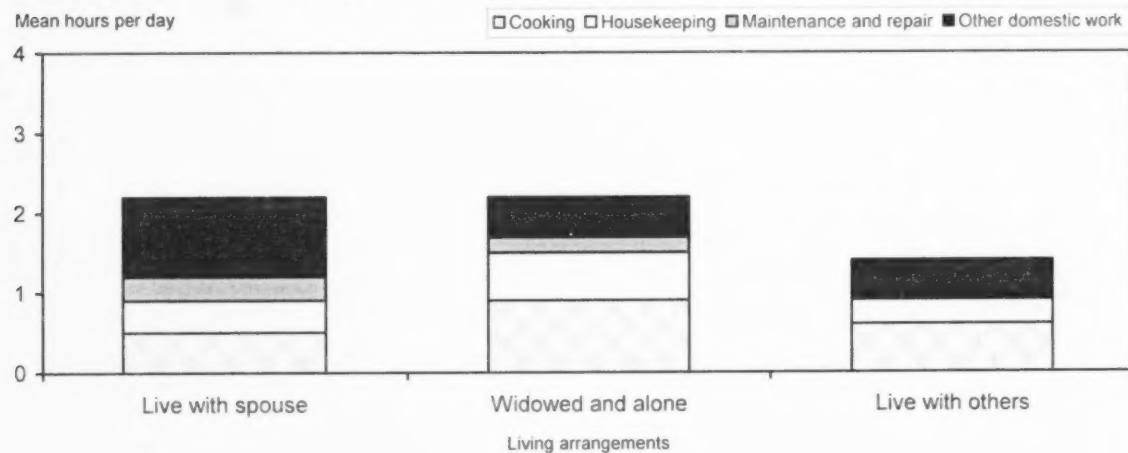
15. These men were the least likely of all older adults to live in a single family home or a self-owned residence. A significant minority had not moved in with family members. The fact that they spent less time than widowers on domestic chores, particularly cooking and cleaning, provides further indication that many have relocated because they needed help with the activities of daily living.

Chart 7
Time spent on domestic work by women aged 65 and over



Source: Statistics Canada, General Social Survey, 1998.

Chart 8
Time spent on domestic work by men aged 65 and over



Source: Statistics Canada, General Social Survey, 1998.

Recreation and leisure

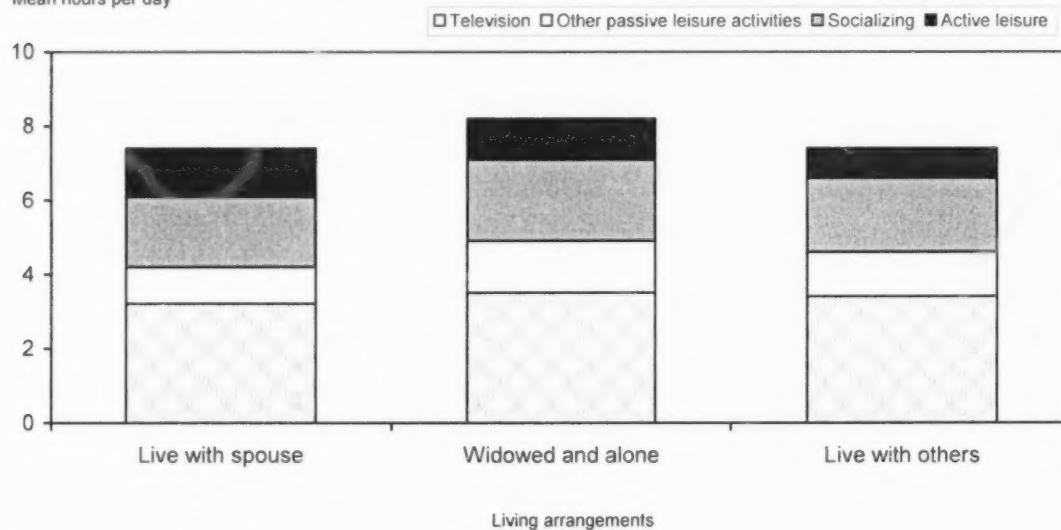
After all other activities have been accounted for, nearly eight hours per day remained for recreation and leisure, but older adults who allocated more time to other activities had less free time. Older wives spent the most time on domestic chores and were left with the least amount of free time (7.3 hours per day). Relative to other older women, wives sacrificed about an hour per day of leisure time to perform household tasks. The transition to widowhood left more time for leisure as widows spent less time on unpaid work than when they were married. While women who lived with others spent about the same amount of time on unpaid work as widows, they spent relatively more time on personal care activities, which ate into their leisure time.

The time that widowers spent on the major activities was not significantly different from husbands, but as noted earlier, the mix of activities within the major categories varied. Widowers who lived alone allocated more time to socializing than husbands, giving up time spent watching television. In contrast, older men who lived with others were left with more leisure time than others as they did the least amount of unpaid work (probably due to an activity limitation).

Chart 9

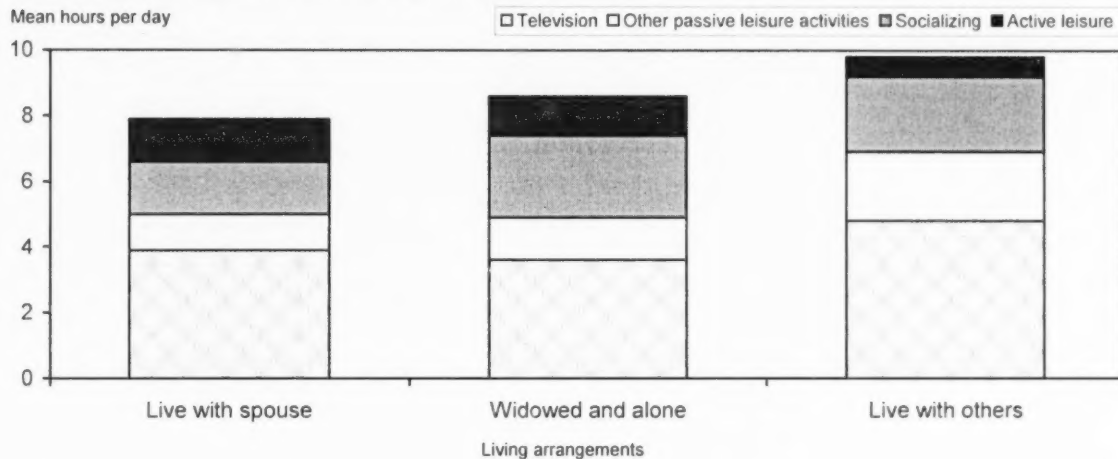
Time spent on leisure activities by women aged 65 and over

Mean hours per day



Source: Statistics Canada, General Social Survey, 1998.

Chart 10
Time spent on leisure activities by men aged 65 and over



Source: Statistics Canada, General Social Survey, 1998.

Rowe and Kahn (1998) argue that chronological age is not the critical factor in how older people spent their time. In addition to regular physical activity, a strong social support system is another critical factor in determining strong mental and physical functioning in old age.¹⁶ On an average day, older adults spent nearly 2 hours socializing with friends and family, and more than an hour on active leisure (such as walking, sports, hobbies, etc.). However, nearly half of their leisure time (4 hours) was spent watching television. The remaining time (just over an hour per day) was spent on other kinds of physically passive leisure, such as reading, listening to music, etc.

Personal care

Being able to take care of personal needs is another requirement for independent living. Self-care includes such functions as bathing, dressing, toileting, and feeding oneself.¹⁷ Persons living alone are more likely to have unmet needs and perhaps move in with others when they can no longer handle personal care activities.¹⁸

16. Rowe and Kahn, 1998, p. 121 and 137.

17. Thinking, relaxing and praying are also included in personal care.

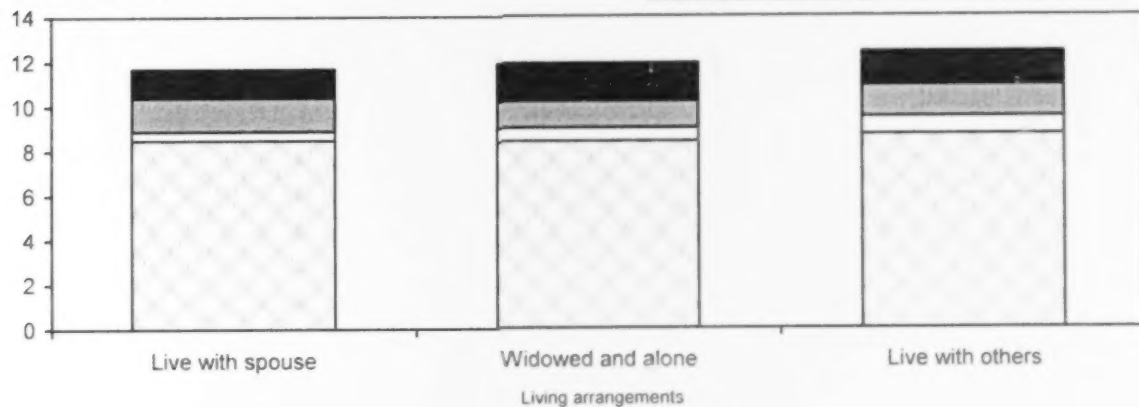
18. However, relatively few elderly persons live in nursing homes. In 1996, just 7.3% of persons 65 and over lived in an institution. Statistics Canada, 1999, p. 36.

Chart 11

Time spent on personal care activities by women aged 65 and over

Mean hours per day

□ Night sleep □ Naps ■ Meals ■ Other personal needs



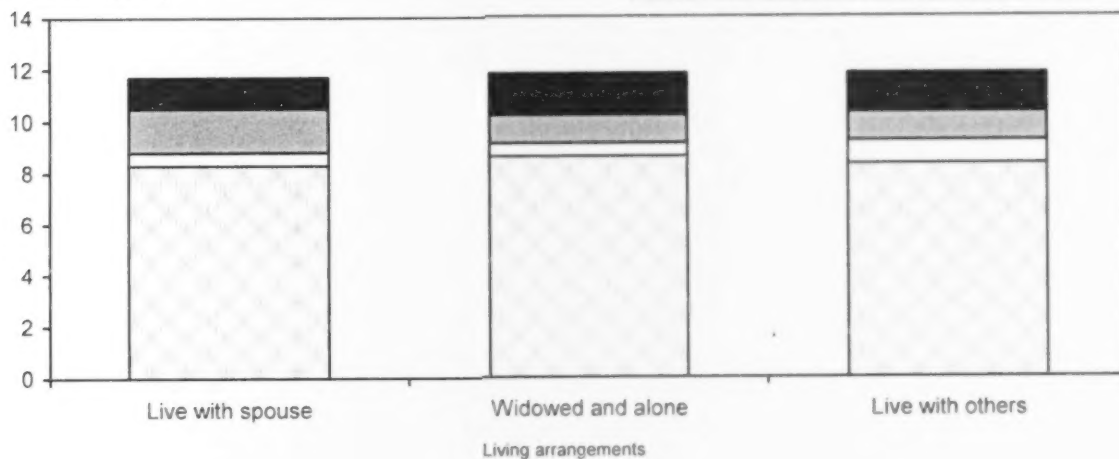
Source: Statistics Canada, General Social Survey, 1998.

Chart 12

Time spent on personal care activities by men aged 65 and over

Mean hours per day

□ Night sleep □ Naps ■ Meals ■ Other personal needs



Source: Statistics Canada, General Social Survey, 1998.

Taking care of personal needs consumed about half the 24-hour day for both older women and men. Little variation in the total time spent on self-care was evident, but the time spent on specific activities varied. Married older adults¹⁹ spent about one-half hour more per day on meals (more than 1½ hours per day) than did other older adults (about one hour per day). And, even though older adults who lived with others spent about the same amount of time on night sleep as other older adults, they took more time for naps.

Social integration

Interaction with others is regarded as an important element of aging successfully. Conversely, social isolation is considered to present risks to older adults' physical, cognitive and emotional well-being and their independence. For example, Stevens and van Tilburg (2000) note that support from friends helps reduce loneliness and the distress of major life events, such as loss of a partner. In addition to asking respondents what they were doing during the diary day, the GSS also asked whom respondents were with while they were carrying out their reported activities. We examined these data in order to determine the extent to which older respondents were socially engaged.

Not surprisingly, older wives and husbands spent the least amount of time alone (4.9 hours per day and 5.3 hours per day respectively). Nearly all married older adults (98%) spent time with their spouse on the diary day. About a quarter of wives and husbands also spent time with friends or family from outside the household.

At first glance, widowhood would seem to present the greatest challenges to the ability of older adults to maintain important social relationships. Widows (11.1 hours per day) and widowers (10.6 hours per day) spent a great deal of time alone.²⁰ Yet this group appears to have a strong support network outside of their own home. More than 70% averaged nearly 4½ hours per day with friends and family on the diary day. As well, unattached women living with others spent less time alone (over four hours less per day on average) than widows. The majority of these women (88%) spent time with household members and most (nearly 60%) spent time with non-household friends and family on the diary day. Men who lived with others²¹ seemed to be more isolated than their female counterparts. They spent almost as much time alone (9.3 hours per day) as widowers. Indeed, the data suggest that 35% had no contact with anyone in the household on the diary day. As the survey does not ask about social contacts during personal care activities (washing, dressing or toileting) with which they may have received assistance, it may be that contact with others in the household is underreported, but social contact still seems minimal. They were also the least likely of all older adults (just over half) to have contact with someone from outside the household on the diary day.

19. Senior husbands spent more time on meals than their wives did. It is unlikely they sat alone. Perhaps some of the time men devoted to their meals, women spent cooking, serving and cleaning up.

20. Time spent alone excludes such personal care activities as sleeping and washing for which "who with?" was not asked.

21. These men were less likely to have moved in with family.

Quality of life for older adults

Taken together, the data on how older adults feel about time and about life in general tell an interesting story about the relationship between how time is spent and quality of life. The data presented above show married older women to be the most physically and socially active. Not surprisingly, Table 7 shows that older wives were also the most time crunched.

Table 7
Perception of time of adults 65 and over

	Perception of time				
	Plan to slow down?	Workaholic?	Cut back on sleep?	At end of day not accomplished everything?	Not enough time with family and friends?
	%				
Women					
Seniors 65 and over					
Live with spouse	21	21	24	37	17
Widowed and alone	18	12	15	29	18
Live with others	19	7	17	39	14
Group total	20	15	19	34	17
Men					
Seniors 65 and over					
Live with spouse	17	12	16	33	14
Widowed and alone	14	7	13	11	12
Live with others	15	6	20	64	13
Group total	17	12	16	32	13
	%				
	Under stress, too much to handle?	Trapped in daily routine?	No time for fun?	Often under stress, not enough time?	Want more time alone?
Women					
Seniors 65 and over					
Live with spouse	20	25	18	28	14
Widowed and alone	15	17	12	18	2
Live with others	23	20	13	21	7
Group total	18	21	15	23	8
Men					
Seniors 65 and over					
Live with spouse	13	18	18	19	9
Widowed and alone	8	19	13	15	1
Live with others	8	32	20	16	8
Group total	12	18	17	19	8

Source: Statistics Canada, General Social Survey, 1998.

Fully 37% of married women aged 65 and over reported that they had not accomplished everything they had set out to do that day, 25% felt trapped in a daily routine and 14% wanted more time alone. The transition to widowhood significantly lowered the affirmative response rate to these three indicators. Indeed, widows were the least time crunched of all older women. As we saw earlier, compared to other older women, they allocated the least amount of time to domestic work and had more time for leisure activities. They were less likely to report they had not accomplished everything they had set out to do at the end of the day or feel trapped in a daily routine. Few reported they wanted more time alone. Women living with someone other than their spouse were somewhat more likely than widows to feel they had not accomplished everything they had set out to do that day.

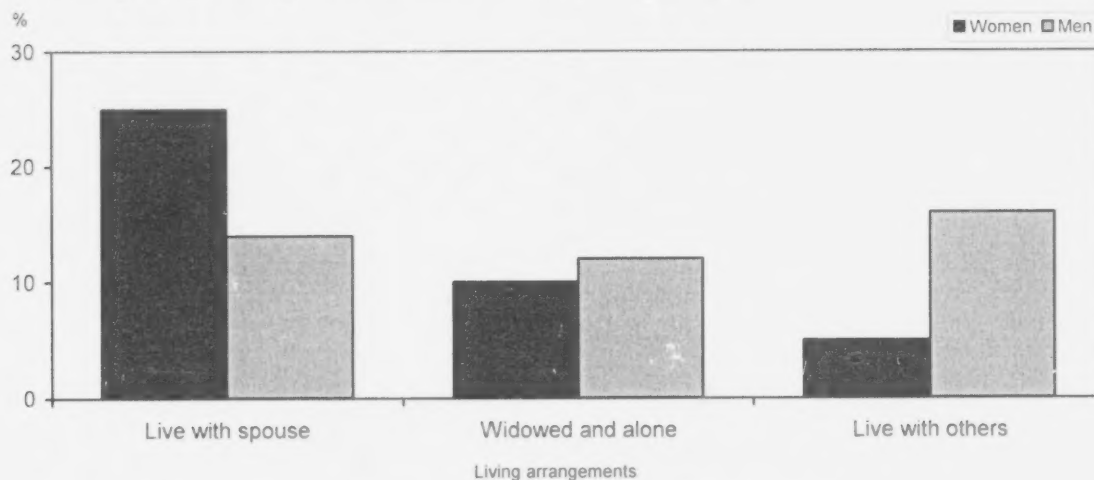
As was the case for widows, the loss of a spouse for men reduced time pressures. Like women, fewer widowers than husbands reported they had not accomplished everything they had set out to do that day. This is, no doubt, related to the reallocation of time from unpaid work to leisure that was observed with this transition. Widowers were also less likely to want more time alone.

Men living with someone other than a spouse were the least active older adults and had the most leisure time. Most of their leisure time was spent on passive leisure, especially watching television. In fact, this group's time use patterns more closely matched the image of the elderly person as sick, frail and dependent than any other group. Significantly more men who lived with others than other men felt they had not accomplished everything they had set out to do at the end of the day. Perhaps their physical limitations interfered with their ability to carry out even the most basic activities of daily living, let alone to pursue satisfying leisure activities that required getting out of the house.²² If so, spending so much time on passive leisure may be less a lifestyle choice than a matter of circumstances for this group.

While being rushed was not a common complaint among older respondents, more than a quarter of older wives felt rushed every day. (Chart 13) Similar to younger wives and mothers, more time allocated to work resulted in less time for leisure and personal care.

22. These men (3%) were much less likely than other older men (16%) to report they really enjoyed going out to movies, plays and sports events.

Chart 13
Percentage of adults aged 65 and over who are rushed every day

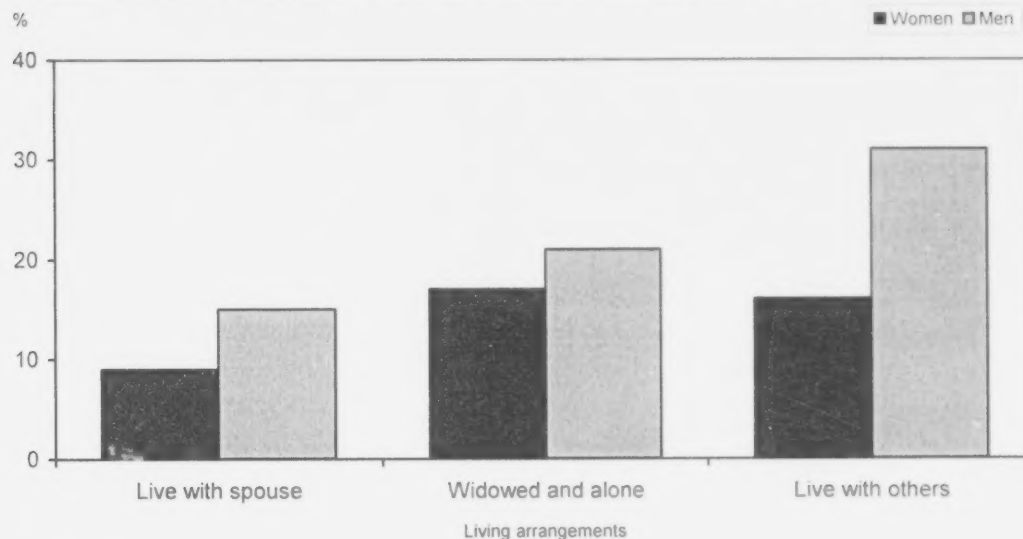


Source: Statistics Canada, General Social Survey, 1998.

Among older women, being rushed every day diminished with each transition. In contrast, men who lived with others were similarly as rushed as other men in this age group. As we saw earlier, a high proportion of these men reported they often felt they had not accomplished everything they had set out to do at the end of the day. Perhaps the feeling of being rushed reflects a feeling of not having control over their lives.

Not unexpectedly, older wives were least likely to have time on their hands that they didn't know what to do with. But boredom appears to become a more common concern with each transition. "Dependent" men were more likely than older husbands (31% versus 15%) to report time on their hands every day they did not know what to do with. Rather than offering these men an opportunity for more satisfying lives, an excess of leisure time apparently leads to tedium. More meaningful activities, over which they can feel in control, may benefit these older men.

Chart 14
Percentage of adults aged 65 and over who have time on their hands every day



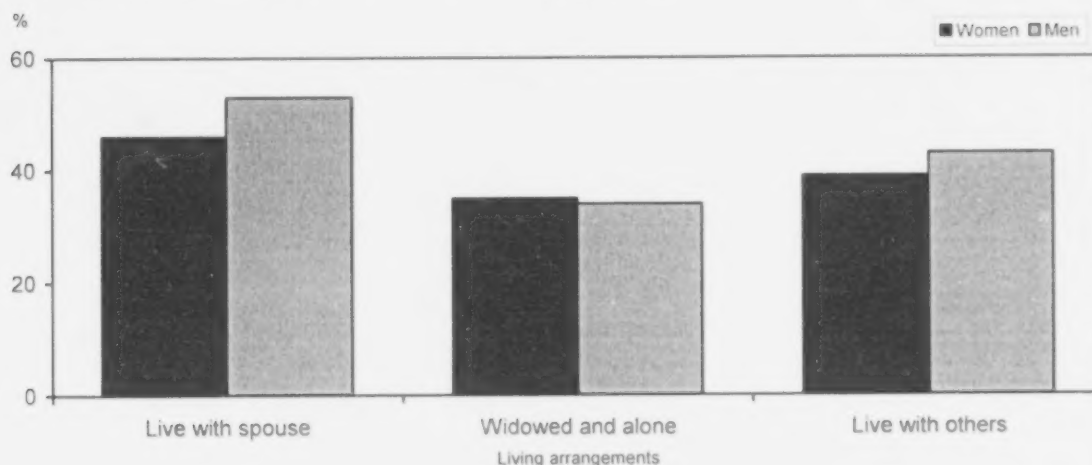
Source: Statistics Canada, General Social Survey, 1998.

Chart 14 shows that despite their busy lives, significantly more older wives than widows living alone said that they were very happy and even more were very satisfied with their lives overall. Michelson (1999) found a similar inconsistency in his research results between time pressures and well-being: "single never-married mothers experienced less daily tension than did their married counterparts but wives professed to be happier". Focus group testing confirmed the validity of his results and provided the explanation: "[while] the married women professed to be happier with their lives, the men still created the conditions for a higher level of procedural tension during the typical weekday".²³ So, despite the fact that husbands may create more work and more stress, wives still found them worth the trouble. The lower proportion of very happy respondents among the widowed population may reflect the sadness that is part of the grieving process following the loss of a spouse. Perls et al. noted that normal grieving could last up to three years.²⁴

23. Michelson. 1999. p. 102. He also confirmed that "women [are] willing to give the time needed to their husbands.... what gets most squeezed in the whole picture is whatever time is left for themselves."

24. Perls, Silver and Lauerma. 1999. p. 69.

Chart 15
Percentage of adults aged 65 and over who are very happy



Source: Statistics Canada, General Social Survey, 1998.

While it may be tempting to conclude that individuals who had lost their independence lived poorer quality lives, the data offer contradictory evidence (Table 8). Certainly, married older adults reported the highest levels of well-being, but among older men, only small differences were evident between the widowed and those who lived with others. Men who lived with others seem to have adapted to their lot in life: similar proportions were very happy, and were very satisfied with their self-esteem and with life as a whole.²⁵ Only satisfaction with main activity showed a large disparity from other older adults.

25. It should be noted, though, that this group was more polarized than others. More than 7% of these men reported being very unhappy and very dissatisfied with life overall compared to less than 1% of other senior men. Perhaps the polarization reflects the diversity in the amount and quality of social and emotional support these men received. Data for this group should be treated with caution, however, as the sample size was small.

Table 8
Psychological well being of older adults, by living arrangements

	Happiness (very happy)	Whole life (very satisfied)	Self-esteem (very satisfied)	Main activity (very satisfied)
	%			
Women				
Adults 65 and over				
Live with spouse	46	48	40	38
Widowed and alone	35	35	38	35
Live with others	39	21	26	16
Group total	40	39	37	33
Men				
Adults 65 and over				
Live with spouse	53	49	44	47
Widowed and alone	34	41	42	41
Live with others	43	43	44	14
Group total	50	48	43	45

Source: Statistics Canada, General Social Survey, 1998.

Women who lived with others were as likely to be very happy (39%), as were other older women. More anticipated, given the hypothesis that many had to give up their independence due to financial constraints, was the finding that these older women were less likely to be very satisfied with their lives overall or very satisfied with their self-esteem or their main activity. These women were as healthy as other older women but may tend to feel less satisfied with other aspects of their well-being because they no longer live independently and have had to give up control over many aspects of their lives. Their efforts to do what they wanted to do when they wanted to do it may also have been hampered by having to take others into account.

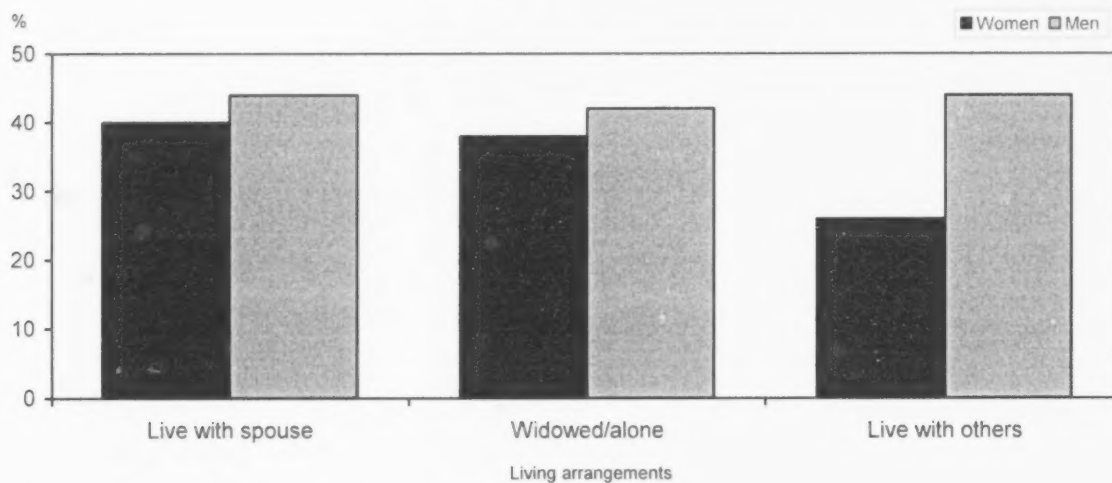
According to Rowe and Kahn (1998), feeling like you are making a useful contribution to society is also important to successful aging. Psychologists²⁶ consider self-esteem to be a strong indicator of how individuals feel about themselves and their place in society. Older adults have high self-esteem: about 40% were very satisfied with their level of self-esteem. As we have seen, self-esteem, or sense of worth, was most problematic for women who no longer lived independently. Because the majority of these women had moved in with family members, they may feel they are imposing on the family even though most helped with household chores. These women may have internalized the opinion of a society that judges people by what they do, a society that does not hold the elderly in high regard. They may feel they have made a transition to a "roleless role",²⁷ no longer employed or a homemaker, no longer needed by a mate or children; truly a "burden" in the eyes of a society focused on producing and consuming.

26. See "The time of our lives: Juggling work and leisure over the life cycle".

27. Burgess (1957) defined old age as a roleless role, a time of life when nothing is expected of you. Women who no longer live autonomously may feel the burden the heaviest.

Chart 16

Percentage of adults aged 65 and over who are very satisfied with self-esteem



Source: Statistics Canada, General Social Survey, 1998.

What does age have to do with it?

Table 9 shows that similar proportions (about 30%) of the young-old and old-old were very satisfied with their health and finances. Nevertheless older respondents acknowledged increased physical limitations with increased age. The proportion that reported a long-term health problem grew from about 1 in 3 for the youngest group, aged 65 to 74, to 1 in 2 for those 85 and over. However, as noted earlier, older adults appear to adapt to their increased frailty. While a rising proportion of aging adults reported a long-term health problem, the vast majority (about 80%) rated their health as good to excellent. Only the proportion of men aged 85 and over (58%) showed a significant decline in the perception of their health as good to excellent. On average, age does not seem to be associated with a significant difference in the perception of either health or financial status until a very advanced age.

Table 9
Measures of satisfaction with finances and health, by age group

	Finances (very satisfied)	Heath (very satisfied)	Limited due to long-term problem	Heath status (good to excellent)
	%			
Women				
Age group of the respondent				
65 to 74 years of age	24	29	34	80
75 to 84 years of age	26	29	43	78
85 years of age and over	28	23	49	78
Group total	25	29	38	79
Men				
Age group of the respondent				
65 to 74 years of age	27	38	28	85
75 to 84 years of age	38	31	43	86
85 years of age and over	27	38	55	58
Group total	30	35	34	84

Source: Statistics Canada, General Social Survey, 1998.

Similarly, as Table 10 shows, increased age and decreased functionality do not affect the average time spent on activities until a very advanced age. Self-care consumed somewhat more time among the old-old (85+) and they spent somewhat less time on unpaid work. Sample size does not permit exhaustive analysis by role and age group jointly among older adults. However, supplementary testing demonstrated no significant difference in the amount of unpaid work between the age groups 65 to 74 and 75 to 84, or among older wives, older husbands or widowers. The decline in unpaid work was significant only at age 85 and over for all groups.

There was no significant difference in free time by age group. Older adults appear to compensate for decreased functionality by cutting back on some activities. However, among the oldest-old, i.e. adults 85 and over, there is a substantive shift to more sedentary activities. Time previously allocated to unpaid work shifted to personal care.

Table 10
Average hours per day spent on main activities, by age group

Average hours per day spent on main activities, by age group					
	Day	Unpaid work	Paid work	Leisure	Personal care
Mean					
Women					
Age group of the respondent					
65 to 74 years of age	24.0	4.7	0.3	7.7	11.3
75 to 84 years of age	24.0	3.8	0.0	7.9	12.2
85 years of age and over	24.0	2.5	0.0	7.8	13.7
Average 65 years of age and over	24.0	4.2	0.2	7.7	11.8
Men					
Age group of the respondent					
65 to 74 years of age	24.0	3.6	0.7	8.2	11.5
75 to 84 years of age	24.0	3.9	0.2	8.1	11.9
85 years of age and over	24.0	1.5	0.0	8.6	13.7
Average 65 years of age and over	24.0	3.6	0.5	8.2	11.7

Source: Statistics Canada, General Social Survey, 1998.

Table 11 shows little variability in attitudes with increased age. This result supports the work of other researchers. Kunzmann et al. (2000) examined age-related stability of subjective well-being. They concluded, "Age per se is not a cause of [lowered] subjective well-being, but that health constraints are."²⁸

While satisfaction with main activity fell somewhat with age, other indicators of well-being were not similarly affected. Proportions of older adults who were very happy and very satisfied with their life overall and very satisfied with their self-esteem were similar among all age groups, from the youngest old to the oldest old. Dissatisfaction was an issue only among the oldest-old men, aged 85 years of age and over. Proportions were lower among all indicators of well-being. As we saw earlier, these men were the least likely to report good to excellent health. The GSS data provide support for the extant research that suggests psychological well-being is directly related to self-perceived health status.

28. Kunzmann, Little and Smith. 2000. p. 511.

Table 11
Psychological well-being of older adults, by age groups

	Happiness (very happy)	Whole life (very satisfied)	Self-esteem (very satisfied)	Main activity (very satisfied)
	%			
Women				
Age group of the respondent				
65 to 74 years of age	39	39	37	37
75 to 84 years of age	40	37	37	27
85 years of age and over	43	39	37	25
Group total	40	38	37	32
Men				
Age group of the respondent				
65 to 74 years of age	51	47	45	47
75 to 84 years of age	47	49	40	42
85 years of age and over	34	19	33	21
Group total	49	47	43	44

Source: Statistics Canada, General Social Survey, 1998.

Major health problems and institutionalization are widespread only among the longest-lived, who have achieved 85 plus years of age. More than 90% of adults aged 65 and older reside in the community.²⁹ Age itself, however, is not the key factor in explaining the changes in attitudes and behaviour among them.

Conclusions

Over the past two decades, the aging of the Canadian population has become a major demographic and socioeconomic issue. Life expectancy has increased over the years with medical advances in preventing heart disease, cancer and other diseases as well as improvements in standards of living, nutrition and public hygiene. Substantial increases in life expectancy coupled with declining fertility rates have created a burgeoning population of older adults. We are outliving our forefathers by ever increasing amounts, 10, 20, or 30 more years. Over the next two decades, the older population will be reinforced by troops of baby boomers (born between the late 1940s and the early 1960s) marching into their golden years.

The increase in life expectancy and the expansion of the older cohort increase the importance of later life transitions, such as the loss of a spouse, loss of independence, chronic illness or disability, and death. However, societal beliefs about aging are a bewildering blend of truth and fallacy. Crose (1997) found that healthy older people do not fit the stereotype of being depressed about being old. She cites the wish of a centenarian woman who stunned Crose's graduate class when she told them the age she would prefer was 70, not the twenty-something they expected. She wanted to be able to watch her great-grandchildren grow up.

On one hand, the aged are viewed as "sick, demented, frail, weak, disabled, powerless, sexless, passive, alone, unhappy and failing". [An anonymous review of Rowe and Kahn]. On the other hand, older adults perceive themselves to be active, healthy contributors to society (Hurd 1999; Stone and Fletcher 1986).

Even the experts disagree about how best to promote well-being among an aging population. The most common contemporary view seems to be that optimum "successful aging" requires "avoidance of disease

29. Statistics Canada, 1999, p. 30.

and disability, maintenance of cognitive and physical function, and sustained engagement with life".³⁰ Yet a new twist on disengagement theory has been introduced, according to which the shedding of some roles so as to narrow and simplify the social environment is a healthy response to instrumental limitations for the oldest and frailest (Johnson and Barer 1992). How we perceive and respond to the challenge of an aging population depends critically on sorting out truth from fallacy.

Perhaps the most important conclusion that can be drawn from the transitions examined above is that the majority of community-dwelling Canadians are "aging successfully". They are healthy, physically active, productive and socially engaged.

Implications

The evidence from examination of the transitions among older adults supports most strongly the more contemporary models of successful aging. Findings from studies such as the MacArthur Foundation's demonstrate that positive changes even among the oldest old can add to the quality and longevity of an older adult's life.³¹ There is increasing evidence of the remarkable capacity of older citizens to recover lost function. In a California study comparing Seventh-Day Adventists with other residents, Fraser and Shavlik (2001) of Loma Linda University found that a healthy lifestyle might be the key to longevity. Choices regarding diet, exercise, cigarette smoking, body weight, and hormone replacement therapy, in combination, appear to change life expectancy by many years. The implications for public health are profound. The bottom line about exercise and health is "fitness cuts your risk of dying".³² As well, Vita et al. (1998) found that fitness can cut morbidity. They established that exercise, a healthy weight and non-smoking contributed an average of five healthy years compared to people with "high-risk" lifestyles. Health promotion, not just disease prevention, is emerging as an important theme in geriatrics. Fewer of the final years need to be spent incapacitated. This is an important message to deliver to Canadians who may underestimate their ability to add years to their lives (and life to their years) if they make major lifestyle changes.

Knowing that being physically active and connected to others promotes health and longevity is but a first step. Older adults need to feel safe in their neighbourhoods in order to leave the security of their house. Attention to the safety of the neighbourhood environment can thus contribute to their ability to promote their own successful aging.

While poor health may account for the inordinate amount of time spent on sedentary activities by dependent men, inactivity may also exacerbate the decline. Residential support to enable greater mobility could prolong life and ensure less tedious days.

The loss of independence due to financial considerations, a primary concern among women who came of age before the influx of women into the labour force, should lessen in importance over time as more women will have a retirement income available through past participation in the labour force. However, as long as women retain the primary responsibility for family work, their financial independence in later years will remain more tenuous than for men. Because women are longer-lived, they need a bigger reserve to guard against an impoverished old age. Pension policy reform should consider varying demands and resources, and therefore varying needs, of the older adult population.

Older adults not only represent the fastest growing population group in Canada, they also represent the fastest growing reserve of community service and volunteer workers. A previous collaborative study published by Statistics Canada (Keating et al. 1999) demonstrated that older adults are a valuable resource in helping other older adults continue to live independently by providing them with assistance. Indeed our data show that they are a valuable resource, caring for others and participating in their community. The data

30. Rowe and Kahn. 1998. p. 38.

31. An increase in the relative longevity of senior men to senior women will benefit both sexes; men would be longer-lived and fewer senior women would be widowed. The support of a helpmate in the household appears to benefit both women and men.

32. Rowe and Kahn. 1998. p. 97.

also suggest there may be untapped capacity among those spending a lot of time on sedentary leisure and who report having time on their hands that they don't know what to do with.

Although beyond the boundaries of the present research, Robinson and Godbey (1997) suggest that higher levels of education and occupation provide "cultural capital" that allow individuals to enjoy "more specialized and varied ways of spending time—such as being able to derive meaning, insight, and satisfaction from reading a book, enjoying a gourmet meal, or attending an opera."³³ Compared to the wave of younger cohorts entering the third age, current older adults have relatively low levels of formal education. Many have difficulty reading.³⁴ Future older adults, who will be better educated, may well be better equipped to remain more engaged in life through volunteer and active leisure pursuits than current generations of older adults.

Over the next two decades, the aging of the Canadian population will further change the major demographic and socioeconomic issues facing society. Robinson and Godbey suggest that in a mere 20 years, life may get slower as society adapts to "the desires of the older, slower-paced people."³⁵ Roszak (1998) suggests that the sheer numbers of elders could revolutionize society, moving it from "predatory capitalism and environmental exploitation" to "survival of the gentlest."³⁶ Hillman suggested:

*"What the old can do for society lies in their hands: They can help, they can give, they can instruct. It also lies in their feet: They can march, they can vote, that can go out to local meetings. Mostly it lies in their faces, in the courage to be seen."*³⁷

33. Robinson and Godbey. 1997. p. 46.

34. Statistics Canada. 1999. p. 9.

35. Robinson and Godbey. 1997. p. 46.

36. Roszak. 1998. p. 240.

37. Hillman. 1999. p. 151.

Appendix A

Detailed Activity Codes

A. PAID WORK AND EDUCATION

1. Paid Work

- 011 Work for Pay at Main Job
- 012 Work for Pay at Other Job(s)
- 021 Overtime Work
- 022 Looking for Work
- 023 Unpaid Work in a Family Business or Farm
- 030 Travel During Work
- 040 Waiting/Delays at Work
- 070 Coffee/Other Breaks
- 080 Other Work Activities
- 832 Hobbies Done For Sale or Exchange
- 842 Domestic Home Crafts Done For Sale or Exchange

2. Education

- 500 Full-Time Classes
- 511 Other Classes (Part-Time)
- 512 Credit Courses on Television
- 520 Special Lectures: Occasional
- 530 Homework: Course, Career/Self-Development
- 550 Breaks/Waiting for Class
- 580 Other Study

3. Commuting

- 090 Travel: To/From Work
- 590 Travel: Education
- 893 Travel: Hobbies and Crafts for Sale

B. UNPAID WORK

4. Cooking/Washing Up

- 101 Meal Preparation
- 102 Baking, Preserving Food, Home Brewing, etc.
- 110 Food (or Meal) Cleanup

5. Housekeeping

- 120 Indoor Cleaning
- 130 Outdoor Cleaning
- 140 Laundry, Ironing, Folding
- 151 Mending/Shoe Care
- 152 Dressmaking and Sewing

6. Maintenance and Repair

- 161 Interior Maintenance and Repair

- 162 Exterior Maintenance and Repair
- 163 Vehicle Maintenance
- 164 Other Home Improvements
- 7. Other Household Work
 - 171 Gardening/Grounds Maintenance
 - 172 Pet Care
 - 173 Care of House Plants
 - 181 Household Management
 - 182 Stacking and Cutting Firewood
 - 183 Other Domestic/Household Work, n.e.s.
 - 184 Unpacking Groceries
 - 185 Packing and Unpacking Luggage and/or Car
 - 186 Packing and Unpacking for a Move of the Household
 - 190 Travel: Domestic Work
- 8. Shopping for Goods and Services
 - 301 Groceries
 - 302 Everyday Goods and products (Clothing, Gas, etc.)
 - 303 Take-out Food
 - 304 Rental of Videos
 - 310 Shopping for Durable Goods
 - 320 Personal Care Services
 - 331 Financial Services
 - 332 Government Services
 - 340 Adult Medical and Dental Care (Outside Home)
 - 350 Other Professional Services (Lawyer, Veterinarian)
 - 361 Automobile Maintenance and Repair Services
 - 362 Other Repair and Cleaning Services
 - 380 Other Shopping and Services
 - 390 Travel: Shopping for Goods and Services
- 9. Child Care
 - 200 Child Care (Infant to 4 Years Old)
 - 211 Putting Children to Bed
 - 212 Getting Children Ready for School
 - 213 Personal Care for Children of the Household
 - 220 Helping/Teaching/Reprimanding
 - 230 Reading/Talking/Conversation with Child
 - 240 Play with Children
 - 250 Medical Care - Household Child
 - 260 Unpaid Babysitting
 - 281 Help and Other Care - Household Children
 - 291 Travel: Household Child
- 10. Adult Care
 - 271 Personal Care - Household Adults
 - 272 Medical Care - Household Adults
 - 282 Help and Other Care - Household Adults
 - 292 Travel: Household Adults

11. Civic and Voluntary Activity

- 600 Professional, Union, General Meetings
- 610 Political, Civic Activity
- 620 Child, Youth, Family Organizations
- 630 Religious Meetings, Organizations
- 651 Fraternal and Social Organizations
- 652 Support Groups
- 660 Volunteer Work, (Organizations)
- 671 Housework and Cooking Assistance
- 672 House Maintenance and Repair Assistance
- 673 Unpaid Babysitting
- 674 Transportation Assistance
- 675 Care for Disabled or Ill
- 676 Correspondence Assistance
- 677 Unpaid Help for a Business or Farm
- 678 Other Unpaid Help
- 680 Other Organizational, Voluntary and Religious Activity
- 691 Travel: Civic and Voluntary Activity
- 800 Coaching
- 892 Travel: Coaching

C. SELF-CARE

12. Night Sleep

- 450 Night/Essential Sleep

13. Meals (excl. Restaurant Meals)

- 050 Meals/Snacks at Work
- 430 Meals/Snacks/Coffee at Home
- 431 Meals/Snacks/Coffee at Another Place (excl. Restaurants)
- 540 Meals/Snacks/Coffee at School
- 642 Meals/Snacks/Coffee at Religious Services
- 661 Meals/Snacks/Coffee at Place of Volunteer Work

14. Other Personal Activities

- 400 Washing, Dressing
- 410 Personal Medical Care at Home
- 411 Private Prayer, Meditation and Other Informal Spiritual Activities
- 460 Incidental Sleep, Naps
- 470 Relaxing, Thinking, Resting, Smoking
- 480 Other Personal Care or Private Activities
- 492 Travel: Other Personal Activities
- 640 Religious Services/Prayer/Bible Readings
- 692 Travel: Religious Services

D. LEISURE

15. Socializing

- 060 Idle Time Before/After Work
- 440 Restaurant Meals
- 491 Travel: Restaurant Meals

- 701 Professional Sports Events
- 702 Amateur Sports Events
- 711 Pop Music, Concerts
- 712 Fairs, Festivals, Circuses, Parades
- 713 Zoos
- 720 Movies, Films
- 730 Opera, Ballet, Theatre
- 741 Museums
- 742 Art Galleries
- 743 Heritage Sites
- 751 Socializing with Friends/Relatives (No Meal)
- 752 Socializing with Friends/Relatives (With Meal)
- 753 Socializing with Friends/Relatives (Non-residential or institutional)
- 754 Socializing with Friends/Relatives (Institutional, e.g. Hospital, Nursing Home)
- 760 Socializing at Bars, Clubs (No Meal)
- 770 Casino, Bingo, Arcade
- 780 Other Social Gatherings (Weddings, Wakes)
- 791 Travel: Sports and Entertainment Events
- 792 Travel: Socializing (Between Residences)
- 793 Travel: Other Socializing
- 950 Talking, Conversation, Phone

16. Watching Television

- 911 Watching Television (Regular Scheduled TV)
- 912 Watching Television (Time-shifted TV)
- 913 Watching Rented or Purchased Movies
- 914 Other Television Watching

17. Other Passive Leisure

- 900 Listening to the Radio
- 920 Listening to CDs, Cassette Tapes or Records
- 931 Reading Books
- 932 Reading Magazines, Pamphlets, Bulletins, Newsletters
- 940 Reading Newspapers
- 961 Reading Mail
- 962 Other Letters and Mail
- 980 Other Media or Communication
- 990 Travel: Media and Communication

18. Active Sports

- 801 Football, Basketball, Baseball, Volleyball, Hockey, Soccer, Field Hockey
- 802 Tennis, Squash, Racquetball, Paddle Ball
- 803 Golf, Miniature Golf
- 804 Swimming, Waterskiing
- 805 Skiing, Ice Skating, Sledding, Curling, Snowboarding
- 806 Bowling, Pool, Ping-pong, Pinball
- 807 Exercises, Yoga, Weightlifting
- 808 Judo, Boxing, Wrestling, Fencing
- 809 Rowing, Canoeing, Kayaking, Windsurfing, Sailing (Competitive)
- 810 Other Sports
- 811 Hunting
- 812 Fishing

- 813 Boating
- 814 Camping
- 815 Horseback Riding, Rodeo, Jumping, Dressage
- 816 Other Outdoor Activities/Excursions
- 821 Walking, Hiking, Jogging, Running
- 822 Bicycling
- 891 Travel: Active Sports

19. Other Active Leisure

- 560 Leisure and Special Interest Classes
- 831 Hobbies Done Mainly for Pleasure
- 841 Domestic Home Crafts Done Mainly for Pleasure
- 850 Music, Theatre, Dance
- 861 Games, Cards, Puzzles, Board Games
- 862 Video Games, Computer Games
- 863 General Computer Use (Excluding Surfing the Net or Playing Games)
- 864 Surfing the Net (As a Leisure Activity)
- 871 Pleasure Drives as a Driver
- 872 Pleasure Drives as a Passenger in a Car
- 873 Other Pleasure Drives, Sightseeing
- 880 Other Sport or Active Leisure
- 894 Travel: Other Active Leisure

20. Residual Time

- 001 Missing Gap in Time
- 002 Refusals

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